



4026

Public Service Commission of Wisconsin  
(8211) - T-MOBILE CENTRAL LLC  
Commercial Mobile Radio Service Provider Annual Report  
For Year Ending December 31, 2006

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\* - indicates required fields

**Signature**

I certify that I am the person responsible for accounts; that I have examined the following report and, to the best of my knowledge, information and belief, it is a correct statement of the business and affairs of said utility for the period covered by the report in respect to each and every matter set forth therein.

Utility Name: T-MOBILE CENTRAL LLC

Person responsible for  
accounts: Michele K. Thomas \*Title of person responsible for  
accounts: Michele K. Thomas \*

Date: 03/26/2007 \* (mm/dd/yyyy)

**Identification**

Utility Name: T-MOBILE CENTRAL LLC

Street Address: 12920 SE 38TH STREET \*

PO Box: PO Box Zip:

City: BELLEVUE \* State: WA \* Zip: 98006-0000 \*

Web Site Address: WWW.T-MOBILE.COM

Business Customers Phone: Example 6085551212 Ext:

Residential Customers Phone: Example 6085551212 Ext:

**Primary Address - Primary Utility Contact (located at utility address)**

Name: Michele K. Thomas \*

Title: Senior Corporate Counsel \*

Firm/Company: T-Mobile USA, Inc. \*

Office Address: 4 Sylvan Way \*

PO Box: PO Box Zip:

City: Parsippany \* State: NJ \* Zip: 07054 \*

Fax Number: Example 6085551212

Phone Number: 9734518399 \* Example 6085551212

Email Address: michele.thomas@t-mobile.com \*

**Annual Report Contact - Contact Person for Information Contained in This Annual Report**☒ Same As Primary Address

Name: \*

Title: \*

Firm/Company: \*

Office Address: \*

**CONFIDENTIAL**

PO Box: \_\_\_\_\_ PO Box Zip: \_\_\_\_\_  
City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip: \_\_\_\_\_ \*  
Fax Number: \_\_\_\_\_ Example 6085551212  
Phone Number: \_\_\_\_\_ \* Example 6085551212  
Email Address: \_\_\_\_\_

**Regulatory Contact - Contact Person for Regulatory Inquiries and Complaints**☒ Same As Primary Address

Name: \_\_\_\_\_ \*  
Title: \_\_\_\_\_ \*  
Firm/Company: \_\_\_\_\_ \*  
Office Address: \_\_\_\_\_ \*  
PO Box: \_\_\_\_\_ PO Box Zip: \_\_\_\_\_  
City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip: \_\_\_\_\_ \*  
Fax Number: \_\_\_\_\_ Example 6085551212  
Phone Number: \_\_\_\_\_ \* Example 6085551212  
Email Address: \_\_\_\_\_

**Assessable Revenues**

1) Do you currently provide commercial mobile radio service (CMRS) service in Wisconsin? Y (Y/N) \*

1a) If not, please state the nature of your entity's business.

1b) If not, do you intend to provide CMRS service in Wisconsin at a future date? (Blank/Y/N)

2) Do you believe that this year's CMRS revenues have already been reported to the Commission? N (Y/N) \*

2a) If yes, provide particulars concerning annual report (utility name and number, report name, page and line number and dollar amount).

2b) If no, provide your assessable revenues (*in 000's*) for Universal Service Fund assessment purposes. (000's)  
Wisconsin Gross Intrastate Operating Telecommunications Service Revenue

**Annual Report Notes (if applicable)**

Answer to 2b is being submitted via a request for Confidential Treatment to the Wisconsin Public Service Commission

**Please print this report before submitting it to the Commission. Once the report is submitted you will not be able to print it.**

When the submit button is clicked, the program will check for errors and display a message to the right of any box with an error. If there are no errors, a confirmation page will appear.

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